

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-000081

STATE FILE NUMBER

AMENDED

Registration District No. **10**

Primary Registration District No. **5033**

Registrar's No. **34**

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Loutre Twp			Length of stay in 1b MINUTES		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JUNCTION OF H.WAYS 54 + 19				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 704 West Breckenridge	
3. NAME OF DECEASED (Type or print) LARRY WAYNE ISGRIG				4. DATE OF DEATH Month February Day 4 , Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-39		9. AGE (last birthday) 22	IF UNDER 1 YEAR Months 22 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker			10b. KIND OF BUSINESS OR INDUSTRY Audrain Co., Mo.		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME Basil Isgrig			13b. MOTHER'S MAIDEN NAME Helen R. Everhart			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) 1956-1960			16. SOCIAL SECURITY NO. 1956-1960		17. INFORMANT Basil Isgrig, Mexico, Mo		
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) High Cervical Neck Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH neatly distortions
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident, deceased struck metal roof			
20c. TIME OF INJURY Hour 2:25 Month, Day, Year Feb. 4, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 19-54		20f. CITY, TOWN, OR LOCATION Scott Corner Junction 19-54, Audrain, Missouri	
21. I attended the deceased from _____ to Feb. 4, 1962 and last saw her alive on _____. Death occurred at approximately 2:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William W. Bradley M.D., Coroner				22b. ADDRESS P.O. Box 178, Farley, Missouri		22c. DATE SIGNED Feb 4 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-7-1962		23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park		23d. LOCATION (City, town, or county) Mexico, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo				25. DATE RECD. BY LOCAL REG. Feb. 5-1962		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

William W. Bradley M.D. (Cor.)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard J. McDonald
Licensed Embalmer No. 4825
P. O. Address Merri Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.